



2811

PTO/SB/21 (05-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/051,237	
	Filing Date	January 18, 2002	
	First Named Inventor	Lyle Smith	
	Art Unit	2811	
	Examiner Name	Sara W. Crane	
Total Number of Pages in This Submission	27	Attorney Docket Number	LGHT 1054-0

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form and duplicate <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): 31 cited references
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-0869.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Haynes Beffel & Wolfeld LLP Warren S. Wolfeld Reg. No. 31,454
Signature	<i>Warren S. Wolfeld</i>
Date	April 30, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. on the date shown below.

Typed or printed	Paula Faulk Hurley	Date	April 30, 2004
Signature	<i>Paula Faulk Hurley</i>		

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FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.101.

TOTAL AMOUNT OF PAYMENT (\$) 1130

Complete if Known

Application Number 10/051,237

Filing Date January 18, 2002

First Named Inventor Lyle Smith

Examiner Name Sara W. Crane

Art Unit 2811

Attorney Docket No. LGHT 1054-0

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number

50-0869

Deposit Account Name

Haynes Beffel & Wolfeld LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	2001	770	385	Utility filing fee	
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fees from below	Fee Paid
20	-20 =		
Independent Claims	-3 =		
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	86	43	Independent claims in excess of 3
1203	2203	290	145	Multiple dependent claim, if not paid
1204	2204	86	43	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet	
1053	1812	130	2,520	Non-English specification	
1812	1812	2,520	2,520	For filing a request for reexamination	
1804	1804	920*	920*	Requesting publication of SIR prior to Examiner action	
1805	1805	1,840*	1,840*	Requesting publication of SIR after Examiner action	
1251	2251	110	55	Extension for reply within first month	
1252	2252	420	210	Extension for reply within second month	
1253	2253	950	475	Extension for reply within third month	950
1254	2254	1,480	740	Extension for reply within fourth month	
1255	2255	2,010	1,005	Extension for reply within fifth month	
1401	2401	330	165	Notice of Appeal	
1402	2402	330	165	Filing a brief in support of an appeal	
1403	2403	290	145	Request for oral hearing	
1451	2451	1,510	1,510	Petition to institute a public use proceeding	
1452	2452	110	55	Petition to revive - unavoidable	
1453	2453	1,330	655	Petition to revive - unintentional	
1501	2501	1,330	655	Utility issue fee (or reissue)	
1502	2502	480	240	Design issue fee	
1503	2503	640	320	Plant issue fee	
1460	1807	130	50	Petitions to the Commissioner	
1807	1807	50	50	Petitions related to provisional applications	
1806	1806	180	180	Submission of Information Disclosure Stmt	180
8021	8021	40	40	Recording each patent assignment per property (times number of properties)	
1809	2809	770	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	770	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	2801	770	385	Request for Continued Examination (RCE)	
1802	1802	900	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$) 1130

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Warren S. Wolfeld Registration No. (Attorney/Agent) 31,454 Telephone 650-712-0340

Signature *Warren S. Wolfeld* Date April 30, 2004

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